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LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

AN ADDRESS WANTED

DEAR EDITOR: Can any of your readers give the present address of Helen M. Webb, who was living at 330 West 56th Street, New York, some years ago?

E. H. S.

CARE OF A BABY'S NAVEL

DEAR EDITOR: Will some nurse who has had experience, please tell what to do when a baby's cord does not come off for several days, and there is a bad odor? What is the best thing to do to prevent this odor?

Ohio. "ONE WHO WANTS TO KNOW."

SUGGESTIONS FOR OPERATING-ROOM NURSES

DEAR EDITOR: Several months ago I read with much interest a request for operating-room suggestions which has never been answered. I think the surgery one of the most important, as well as expensive, in a general hospital, still it is seldom discussed to advantage in book or journal.

The following points, when observed, have given us satisfaction: Sterilization of hypodermoclysis bottles. Kelly infusion bottle, graduated, one; instrument pan, 12 x 6 x 2½, one; rubber tubing, ¼ drain, 1¼ yd.; rubber tubing ⅛ drain, ¼ yd.; glass connecting nozzle, one; hypodermoclysis needle, one. The quarter-inch tubing is connected with the eighth-inch tubing by the nozzle, and to the eighth-inch tubing is connected the needle, which must fit tight or be tied. The needle is then wrapped in non-absorbent cotton, and placed in the pan in as large a coil of tubing as the space will permit. Put the bottle in the pan to avoid pressure on the tubing, otherwise it will collapse when hot. Wrap in a double cover and sterilize with dressings. The tubing can easily be connected with ordinary or regulation bottles just before using, but a larger tubing can be used. By not connecting the bottle and putting it in the pan, collapsed and short-curved tubing, as well as frequently-broken bottles are avoided. The thermometers are soaked in carbolic, 1/20, for half an hour, flushed off with alcohol, and are placed in wooden cases with clamps, the cases having been sterilized with the dressings.

ST. JOSEPH'S, BALTIMORE.

[We are glad to have letters on these practical, helpful subjects, but in describing operating-room procedures care should be taken to make the wording perfectly plain. Too many writers omit articles and conjunctions, so that a process which is plain to their minds is not so to the readers.—ED.]

PRACTICAL NURSING IN TYPHOID FEVER

An Answer to Dr. Crawford's Article in the December JOURNAL

DEAR EDITOR: I read Dr. Crawford's article, entitled "Some Nursing Points in the Bacteriology of Typhoid Fever," with much interest, and in theory he is,

of course, quite correct, but having nursed a good many cases of typhoid fever, I would like to say a word in regard to the practical part of some of his suggestions.

He says the linen from the bed should be soaked in a one to twenty solution of carbolic acid before going to the laundry. The nurse, of course, is supposed to wring it out after allowing it to stand for two hours (which the doctor does not mention), then it is to be boiled. One of the most important points in nursing a case of typhoid fever is the watching of the patient's pulse. In order to notice changes in the character of the pulse, the nurse needs her sense of touch to be as acute as possible, and no nurse's fingers are in a condition to take a weak pulse accurately if they have been numbed by wringing out bed linen in a one to twenty solution of carbolic acid.

I have found that a one to five hundred solution of formaline is the least harmful, both to the nurse's hands and the bed clothes and answers every purpose, or if formaline does not agree with the skin (it causes a rash in some cases), Pearsons' Creolin is effective and has the same advantage.

If the bedding is to be boiled, the disinfectant is only needed to protect the woman who puts it on to boil, and that can be done with very little handling.

Also, if the dishes are to be boiled for thirty minutes after each using, why isolate them? Boiling either kills the typhoid germ or it does not. If it does, after those dishes have been boiled they are probably cleaner than any other dishes in the house, and of less danger to any one who uses them. It is just such inconsistency that disgusts many people with modern methods.

I have found it easier to mark all glasses and dishes used until the patient has a tray, because in most places it is not easy to boil them after each using, and you have also done all you can do, to prevent some one using one of the patient's things before it has been disinfected. I soak the dishes in formaline, one to five hundred, before washing them. When the patient has a tray the meals are less frequent and the dishes are boiled after each using and are not isolated.

The suggestion that rubber gloves be worn when any handling of the patient has to be done, is too impractical for an experienced nurse to take seriously. If it were not too cruel, I could find it in my heart to wish some of the doctors who make such suggestions could have them tried on themselves. Imagine having your back rubbed with soap and alcohol by some one wearing rubber gloves, or hair tonic applied with gloves. Nor do I see how one could apply friction and take the patient's pulse while in a tub, with rubber gloves on. In fact, it seems to me that the only time when rubber gloves could be worn without actual risk or great discomfort to the patient would be while giving an enema, and with care they are not necessary even then.

Nurses have to take some risk, and if there are any who are so afraid of typhoid fever that they cannot handle a case without wearing rubber gloves, they should find some less dangerous occupation. If you take care of a few doctors when they are sick, you will soon find that their ideas of how they wish to be nursed differ greatly from some of the views expressed in the articles they write for us to read.

Pennsylvania. ELIZABETH DEWEY, R.N.